



ANCHOR MINISTERIAL FELLOWSHIP

151 St. David St., N., Fergus, ON, N1M 2J5

Reference Sheet

(Please Type or Print)

Your Name: _____

Address: _____

Telephone _____

Applicant's Name: _____

How long have you known the applicant? _____

In what capacity have you known the applicant? Minister Friend Relative

Other (please specify) _____

To the best of your knowledge and judgement, the applicant is: (check one in each list)

	Excellent	Good	Questionable	Poor	Not Known
In Christian life and testimony	_____	_____	_____	_____	_____
In ability to minister	_____	_____	_____	_____	_____
In conduct and moral attribute	_____	_____	_____	_____	_____
In emotional stability	_____	_____	_____	_____	_____
In accepting responsibility	_____	_____	_____	_____	_____
In meeting financial obligations	_____	_____	_____	_____	_____
In personal hygiene	_____	_____	_____	_____	_____
In family relationships	_____	_____	_____	_____	_____
In physical fitness	_____	_____	_____	_____	_____

Do you recommend the applicant for membership in Anchor without reservation? _____

On a separate sheet of paper please describe the applicant's ministerial giftings and any additional information which you feel would assist us in making our decision.

Date _____

Signature _____

Forward directly to Anchor Ministerial Fellowship